MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024231

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 3122 — STATE FILE NUMBER

FILED JUN 17 1963

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 3 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2734 Troost
Inside Limits: Yes X No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Iowa
b. COUNTY: Decatur
c. CITY OR TOWN: Lamoni
Inside Limits: Yes X No
d. STREET ADDRESS (If outside, give location): ---
Reside on Farm: Yes No X

3. NAME OF DECEASED (Type or print): First Bertha — Middle — Last Colyer
4. DATE OF DEATH: Month June — Day 2 — Year 1963
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH: 9-20-1886
9. AGE (last birthday): 76
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HR: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (City and state or country): Pleasington, Iowa
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: John Keoun
13b. MOTHER'S MAIDEN NAME: Mary E. Pyle
14. NAME OF HUSBAND OR WIFE: Daniel Alden Colyer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Docas Clark, 2734 Troost
Address:

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:)
INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a): Acute Cerebrovascular accident — 36 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Cerebrovascular disease — Long Type.
DUE TO (c): Generalized arteriosclerosis — 15-20 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic C.V. disease. Recent fracture of Hip.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 5-5-63 to 6-2-63 and last saw her him alive on 6-2-63
Death occurred at 10:56 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert K. Russell M.D.
22b. ADDRESS: Raytown 53 Mo.
22c. DATE SIGNED: 6-3-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial
23b. DATE: 6-5-1963
23c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
23d. LOCATION (City, town, or county): Lamoni, Iowa (State)

24. FUNERAL DIRECTOR — ADDRESS: Mellody-McGilley-Eylar Funeral Home, 1800 E. Linwood, Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 6-3-63
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF — MEDICAL CERTIFICATION — DOCUMENT

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	8-17-02		
3			
4	1		
5	2		
6			
7	1		
8	2		
9	331XF		
10			
11			
12	90-0		
13			

USE BLACK INK OR TYPEWRITER RIBBON

Dr. R.K. Russell
6300 Evanston - Raytown
1:30 to 5:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by ______________________________, Student Embalmer No. __________

working under my personal supervision.

Student ______________________________
Signature of Student Embalmer

Signed Gerald A. Burger

Licensed Embalmer No. 4763

P. O. Address 9648 Roe Ave
Shawnee Mission, Kans

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.